

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR Application Date <p style="text-align: center;">May 25, 1985</p> Application Number <p style="text-align: center;">85-2</p>	1. GEORGIA DEPARTMENT OF HUMAN RESOURCES Division of Public Health Adult Health Unit - Cancer Program Room 106 - 878 Peachtree Street, N.E. Atlanta, Georgia 30309	ARCHIVES AND HISTORY Application Number <p style="text-align: center; font-size: 1.5em;">85-80</p> <div style="display: flex; justify-content: space-between;"> <div>Date Received JUN 10 1985</div> <div>Date Completed OCT 9 1985</div> </div>
2. Person to Contact <p style="text-align: center;">Carol Steiner</p>		
<div style="display: flex; justify-content: space-between;"> <div> Working Title Program Manager Cancer Program </div> <div> Telephone Number 894-5125 </div> </div>		
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void		
4. Dates of Series Earliest Latest 7/1/84 to present		5. Records Series Title (followed by title used in office, if different) <p style="text-align: center;">Cancer Patient State-Aid Financial Record Files</p>
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? <p>The Division of Public Health, through the leadership of the Director, is responsible for the administration, direction, and coordination of the public health programs throughout Georgia. This is accomplished by the establishment of health standards for business, housing, and field operations; the improvement of the public health of adults and children; the diagnosis and control of diseases; and the daily State-wide program of registration, statistical coding, certification, and preservation of certificates of births, marriages, divorces, annulments of marriage, and deaths that occur each year in the State.</p> <p>The Adult Health Unit has the responsibility to identify and treat major chronic diseases such as: high blood pressure, diabetes, glaucoma, cancer, stroke, heart disease, and rheumatic fever; develop mass screening techniques and train district and county health staffs in these techniques; provide necessary equipment and supplies for mass screening; operate and administer a cancer control program; and contract with hospitals to provide treatment for persons who are unable to pay from their own or other resources.</p>		
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: paying for medical treatment of cancer patients eligible for State-Aid. Included are: unnumbered form (Cancer State Aid Treatment Service - Patient Treatment Plan) shows patient's name and identification number, hospital/ facility; initial evaluation, diagnosis, and projected plans for treatment over a specific period of time; estimated costs, number of days as inpatient and/or outpatient, reason approved/ disapproved; and signature of evaluator and date; form 3624 (Cancer State-Aid - Hospital Invoice) shows patient identification by name, address, account and case number, specific treatment given and cost of each service rendered; discharge summaries; and unnumbered form (Authorization for Payment) which shows all information authorizing payment for medical treatment for the patient, signature of person authorizing payment, and date. The file is arranged: 1. Billing documents - alphabetically by name of clinic or vendor; thereunder by batch number. 2. Supporting documents - alphabetically by clinic; thereunder, alphabetically by last name of patient (such as treatment plan, copy of the approval letter, and call-in sheets).		
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>frequently</u> ; Seven to twelve months old <u>frequently</u> ; Thirteen to twenty-four months old <u>occasionally</u> twenty-five months and older <u>rarely</u> ?		
9. Annual Rate of Accumulation or Records Letter-size drawers <u>4 - 5</u> Legal-size drawers _____ ; Shelves _____ ; Other (Specify) _____		

X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
X	c. Is this a vital record?
X	d. Does this series have historical or long term research value?
X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
X	f. Is the information contained in this series ever published? If yes, attach copy.
X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
X	i. Is this series (or a major portion of it) regularly microfilmed?
X	j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

- | | | | |
|--------------------------|--------------|-----------------------------------|-----------------|
| a. State Law | _____ years. | d. Audit period | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need | <u>5</u> years. |
| c. Federal law | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Privacy Act of 1974 - Needed for reference in case any questions
Public Law 93-579 - should arise concerning payment for medical
Section 552a - Records treatment of cancer patients.
maintained on individuals.

12. Approved Disposition Instructions This agency recommends that the file series be cut off at the end of each:

Beginning July 1, 1984 ☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

- ☒ Hold in the current files area _____ month(s) 2 year(s); then
- ☐ Transfer to local holding area; hold _____ year(s); then
- ☒ Transfer to State Records Center; hold 3 year(s); then
- ☒ Destroy
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulation of records for this series title.

Signature	Date	Signature	Date
DHR Office/Division - Director/Designee		DHR Records Management Supervisor	
		<i>Elizabeth W. Crank</i>	<u>5/15/85</u>
		ELIZABETH W. CRANK, CRM - RMA	
DHR Section/Unit - Chief/Supervisor/Designee		DHR Records Management	
<i>Carol P. Steiner</i>	<u>5/15/85</u>	PAUL T. MURPHY, RMT	

STATE RECORDS COMMITTEE

Retention recommendations in paragraph 12 are approved - If not approved, please attach a letter of explanation.

	Signature	Date
State Auditor/Designee	<i>Thomas L. Limer</i>	<u>10/4/85</u>
Secretary of State/Designee	<i>Howard W. Wells</i>	<u>10/3/85</u>
Attorney General/Designee	<i>Joseph P. ...</i>	<u>10/9/85</u>